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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

County Gila State ARIZONA

City Chrysolite or Village _____

Ward _____

Name of child Jose Ceferino Torres

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed

1. If plural births	4. Twin, triplet, or other	6. Premature	7. Is mother married? <u>yes</u>	8. Date of birth <u>August 26</u> , 19 <u>35</u>
	5. Number, in order of birth	Full term		(Month, day, year)

FATHER		MOTHER	
Name <u>Rafael Torres</u>		Name <u>Anita Valenzuela</u>	
Place (usual place of abode) <u>Chrysolite, Ariz.</u>		Residence (usual place of abode) <u>Chrysolite, Ariz.</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
10. Race <u>Mex.</u>	12. Age at last birthday <u>28</u> (Years)	20. Color or race <u>Mex.</u>	21. Age at last birthday <u>21</u> (Years)
Place (city or place) _____		Birthplace (city or place) _____	
State or country <u>Mexico</u>		(State or country) <u>Mexico</u>	
Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

Number of children of this mother of this birth and including this child (a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn _____

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ on the date above stated

There was no attending physician, then the father, householder, or make this return.

Added from _____ M. D.

Initial report _____

32-826-151 (Date of _____)

Address 354 Fourth St., B. Hino, California

Filed August 16, 1935 C. M. Crow

Registrar.